

SENATE BILL 270  
By Beavers

AN ACT to amend Tennessee Code Annotated, Title 68,  
Chapter 11, relative to certain disclosures by  
hospitals.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 68, Chapter 11, is amended by adding  
Sections 2 through 8 of this act as a new part.

SECTION 2. This act shall be known and may be cited as the Hospital Infections  
Disclosure Act of 2005.

SECTION 3. For purposes of this act:

(1) "Board" means the board for licensing health care facilities.

(2) "Hospital" means a hospital licensed under Tennessee Code Annotated,  
section 68-11-201.

(3) "Hospital-acquired infection" means a localized or systemic condition that  
results from adverse reaction to the presence of an infectious agent or its toxins and that  
was not present or incubating at the time of admission to the hospital.

SECTION 4.

(a) Individual hospitals shall collect data on hospital-acquired infection rates for  
the specific clinical procedures determined by the board by regulation, including the  
following categories:

- (1) Surgical site infections;
- (2) Ventilator-associated pneumonia;
- (3) Central line-related bloodstream infections;
- (4) Urinary tract infections; and

(5) Other categories as provided under subdivision (d) of this section.

(b)

(1) Hospitals shall submit quarterly reports on their hospital-acquired infection rates to the board. Quarterly reports shall be submitted, in a format set forth in regulations adopted by the board, to the board by April 30, July 31, October 31, and January 31 each year for the previous quarter. Data in quarterly reports must cover a period ending not earlier than one-month prior to submission of the report. Quarterly reports shall be made available to the public at each hospital and through the board. The first quarterly report shall be due in 2007.

(2) If the hospital is a division or subsidiary of another entity that owns or operates other hospitals or related organizations, the quarterly report shall be for the specific division or subsidiary and not for the other entity.

(c)

(1) The commissioner of health shall appoint an advisory committee, including representatives from public and private hospitals (including from hospital infection control departments), direct care nursing staff, physicians, epidemiologists with expertise in hospital-acquired infections, academic researchers, consumer organizations, health insurers, health maintenance organizations, organized labor, and purchasers of health insurance, such as employers. The advisory committee shall have a majority of members representing interests other than hospitals.

(2) The advisory committee shall assist the board in the development of all aspects of the board's methodology for collecting, analyzing, and disclosing

the information collected under this act, including collection methods, formatting, and methods and means for release and dissemination.

(3) In developing the methodology for collecting and analyzing the infection rate data, the board and advisory committee shall consider existing methodologies and systems for data collection, such as the Centers for Disease Control's National Nosocomial Infection Surveillance Program, or its successor; however, the board's discretion to adopt a methodology shall not be limited or restricted to any existing methodology or system. The data collection and analysis methodology shall be disclosed to the public prior to any public disclosure of hospital-acquired infection rates.

(4) The board and the advisory committee shall evaluate on a regular basis the quality and accuracy of hospital information reported under this act and the data collection, analysis, and dissemination methodologies.

(d) The board may, after consultation with the advisory committee, require hospitals to collect data on hospital-acquired infection rates in categories additional to those set forth in subdivision (a).

## SECTION 5.

(a) The board shall annually submit to the general assembly a report summarizing the hospital quarterly reports and shall publish the annual report on its website. The first annual report shall be submitted and published in 2008. The board may issue quarterly informational bulletins at its discretion, summarizing all or part of the information submitted in the hospital quarterly reports.

(b) All reports issued by the board shall be risk-adjusted.

(c) The annual report shall compare the risk-adjusted hospital-acquired infection rates, collected under section 3 of this act, for each individual hospital in the state. The

board, in consultation with the advisory committee, shall make this comparison as easy to comprehend as possible. The report shall also include an executive summary, written in plain language, that shall include, but not be limited to, a discussion of findings, conclusions, and trends concerning the overall state of hospital-acquired infections in the state, including a comparison to prior years. The report may include policy recommendations, as appropriate.

(d) The board shall publicize the report and its availability as widely as practical to interested parties, including, but not limited to, hospitals, providers, media organizations, health insurers, health maintenance organizations, purchasers of health insurance, organized labor, consumer or patient advocacy groups, and individual consumers. The annual report shall be made available to any person upon request.

(e) No hospital report or board disclosure may contain information identifying a patient, employee, or licensed health care professional in connection with a specific infection incident.

SECTION 6. It is the expressed intent of the general assembly that a patient's right of confidentiality shall not be violated in any manner. Patient social security numbers and any other information that could be used to identify an individual patient shall not be released notwithstanding any other provision of law.

SECTION 7. A determination that a hospital has violated the provisions of this act may result in any of the following:

(1) Termination of licensure or other sanctions relating to licensure under title 68, chapter 11, part 2.

(2) A civil penalty of up to one thousand dollars (\$1,000) per day per violation for each day the hospital is in violation of the act.

SECTION 8. The board for licensing health care facilities shall be responsible for ensuring compliance with this act as a condition of licensure under Title 68, Chapter 11, Part 2, and shall enforce such compliance according to the provisions of that part.

SECTION 9. The board for licensing health care facilities is authorized to promulgate rules and regulations to effectuate the purposes of this act. All such rules and regulations shall be promulgated in accordance with the provisions of Tennessee Code Annotated, Title 4, Chapter 5.

SECTION 10. Tennessee Code Annotated, Section 68-11-207(a)(1), is amended by inserting the language “, the provisions of this act,” between the language “this part” and “or of the rules”.

SECTION 11. This act shall take effect July 1, 2005, the public welfare requiring it.